

UDOT/TTQP On-the-Job Training Report

Employee Name _____ Dept. / Region _____

Date Enrolled in On-The Job Training Program _____

Qualification Area _____

Supervisor / Trainer Name _____

Supervisor / Trainer Qualification # _____

Date / Week Ending	Hours/Location	Comments:

I hereby authorize and verify the above OJT hours are true and correct.

Employee

Date

I hereby authorize and verify the above OJT hours are true and correct.

Supervisor/Trainer

Date

80 hours required for AgTT, AsTT, CTT, and SRDTT. 120 hours required for EbTT/DTT, LbTT, CSTT.
Radiological Safety Training/Certification is required for SRDTT and EbTT/DTT.
Documentation of training hours required prior to registration for Qualification exam.